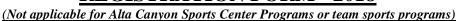
SANDY PARKS & RECREATION REGISTRATION FORM - 2018

PARTICIPANT INFORMATION - PLEASE PRINT CLEARLY





1) Participant Name			Birthdate	Gender: Male Female	Shirt Size (If Applicable)	
Program/Class		tion	I	Date/Time	Cost	
2) Participant Name		Birthdate	Gender: Male Female	Shirt Size (If Applicable)		
Program/Class L		tion		Date/Time	Cost	
3) Participant Name	<u> </u>		Birthdate	Gender: Male Female	Shirt Size (If Applicable)	
Program/Class		tion		Date/Time	Cost	
4) Participant Name	<u> </u>		Birthdate	Gender: Male Female	Shirt Size (If Applicable)	
Program/Class		tion		Date/Time	Cost	
	<u> </u>				TOTAL COST:	
FAMILY INFORMATION				I		
Parent/Guardian Name	Phone (Day)	Evening	Cell	E-Mail		
ddress		City / State			Zip	
EMERGENCY CONTACT INFORMATION					L	
First & Last Name	Phone (Day)		Cell	Relationship To Partici	pant	
DW DID YOU FIND OUT ABOUT THIS P	DOGDAM:	WERSITE	SCHOOL EMAIL _ RR		SANDY JOURNAL - FRIEND	
rogram Registration: egistration for recreation progra arks & Recreation Office, 440 riday. Payments can be made by ecreation Policies: Registration is on a first of	East 8680 South check, cash, VISA	n, Sandy, A, MasterC	Utah 84070. Offic Card or American Ex	ce hours are 8:00 am kpress.		
 Persons are not registered cancel classes when mirely lift the desired class is filled formed upon demand, if 	ed until fees are p imum enrollment ed, your name ma	paid and re has not b ny be put o	egistration form is reen met. Full refu on a waiting list (no	received. Sandy City inds are mailed when	classes are canceled.	
Refund Policy: Refunds for recreation programs &\$20.00 administrative charge w	•	•	•	e beginning date of t	he program.	
PARENT SIGNATURE for more information call 801-568-29	00. Sandy City pro	vides Equa	l Opportunity to par	DATE ticipate regardless of Ra	ace, Creed, Sex or Disability	
Receipt #:	Amount: \$		Date Paid	:	By:	

SANDY CITY RECREATION 2018 PROGRAMS

PARENT/GUARDIAN INFORMED CONSENT AND AUTHORIZATION

In consideration of my child being allowed to participate in Sandy City Recreation Programs, I, as their parent or guardian, hereby consent that he/she may participate in this program during the 2018 season and I hereby state that the information provided in the registration materials is true and complete. By completing the registration materials, I hereby grant permission and agree as follows:

Program/Activity Description

PLEASE INITIAL HERE

Name of Parent

or Legal Guardian:

The Sandy City Spring Soccer Program runs approximately from mid-March through mid-June and utilizes Sandy City fields. Games are played on weeknights and/or Saturdays.

In enrolling my child in Sandy City Recreation Program(s), I hereby acknowledge that certain inherent risks accompany these programs that cannot be eliminated regardless of care taken to avoid injuries. These specific risks may include, but are not limited to: (1) **minor injuries**, such as a floor burn, scratches, bruises, blisters, strains, and sprains; (2) **major injuries**, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones; (3) catastrophic injuries as well as permanent disability and death. Transportation to and from practices and games is the responsibility of the parent or guardian.

I hereby recognize the risk factors described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in Sandy City Recreation Programs. I further state that my child is sufficiently physically fit to safely participate in these programs.

Recognizing the possibility of physical and/or emotional injury associated with my child's participation in Sandy City Recreation Program(s), I hereby release and agree to hold harmless, defend, and indemnify Sandy City and associated organizations and personnel from negligence to the fullest extent permitted by law, and against any claims by or on behalf of my child, myself, and any other parent or guardians for any damage or injury he/she or we may suffer including legal fees, as a result of his/her participation in the program, including transportation to and from activities.

injury he/she or we may suffer including legal fees, as a result of his/her participation in the program, including transportation to and from activities. PLEASE INITIAL HERE **Emergency Medical Care Authorization** In the event my minor child is injured while participating in Sandy City Recreation Programs, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/ physician, such treatment is necessary. Name of Child: Age: Health Insurance Carrier: (I understand that in order for my child to participate in Sandy City Recreation Programs, I am required to have health insurance to cover injuries to my child arising from his or her participation in these programs and that Sandy City does not carry medical or accident coverage for this purpose. This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.) Medical Restrictions on Player's Participation:_____ PLEASE INITIAL HERE Concussion & Head Injury Policy Acknowledgement I have read this policy and understand what a concussion is, have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming program until cleared by a qualified Health Care Professional. Also, I will provide Sandy City with a written statement by this qualified Health Care Professional acknowledging my child is cleared to resume participation. PLEASE INITIAL HERE Media Release I hereby give permission to use any photographs, film, and videos taken of my child's participation in Sandy City Recreation Programs for use in public media as well as official Sandy City publicity, such as Sandy City web site, publications, displays and presentations.

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-

Signature:

referenced program/activity. I have read and agree to the above 4 sections. Please initial each line above.